

EXHIBIT GG

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8
9 UNITED STATES DISTRICT COURT FOR THE
NORTHERN DISTRICT OF CALIFORNIA

10
11 COYNESS L. ENNIX JR., M.D., as an
individual and in his representative
capacity under Business & Professions
Code § 17200 *et seq.*,
12
13 Plaintiff,
14
15 vs.
16 RUSSELL D. STANTEN, M.D., et al.,
17 Defendants.
18

Case No.: C 07-2486 WHA

**DECLARATION OF HOWARD
BARKAN, DrPH., IN OPPPOSITION
TO DEFENDANTS' SPECIAL
MOTION TO STRIKE**

Date: August 16, 2007
Time: 8:00 a.m.
Dept: Ctrm. 9, 19th Floor
Judge: Hon. William H. Alsup

19 I, Howard Barkan, DrPH., declare:

20 1. I am a Biostatistician and Research Methodologist. I have personal knowledge of
the facts stated in this declaration.

22 2. Attached as Exhibit A to this declaration is a true and correct copy of my current
curriculum vitae.

24 3. In 2005 I was asked to review materials relating to heart surgeries performed by
Coyness Ennix, M.D. After reviewing those materials, I performed a statistical analysis. I
25 explained my analysis in a document dated June 6, 2005 and entitled "Summit Medical Center
26 Open Heart Cases; Operative Procedures and Mortality, 2004 and 2005." Attached as Exhibit B
27
28

1 to this declaration is a true and correct copy of that document. The statements I made and
2 opinions I expressed in that document were and are true and correct to the best of my knowledge.

3 I declare under penalty of perjury under the laws of the United States of America that the
4 foregoing is true and correct and that this declaration was signed in Oakland, California.

5 Dated: July 12, 2007


Howard Barkan, D.P.H.

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EXHIBIT A

Curriculum Vitae
Howard E Barkan, MA, DrPH

June 2007

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EDUCATION

University of California Berkeley	Dr.P.H., M.P.H.	January 1981	School of Public Health
University of Chicago, Chicago IL	M.A.	June 1969	Anthropology
Brandeis University, Waltham MA	B.A.	June 1966	Anthropology
Central High School, Phila., PA.	B.A.	June 1963	

ACADEMIC AWARDS

1997	Second Prize for Presented Papers , Uroradiology in Santa Fe '97, American College of Radiology and the Society for Uroradiology.
1977-1979	United States Public Health Service. Dissertation Support Grant .
1974	University of California Berkeley. Doctoral Qualifying Examination passed with Highest Distinction .
1966	Brandeis University. B.A. awarded Summa Cum Laude with Honors in Anthropology
1966	Phi Beta Kappa , Brandeis University.
1966 - 1968	National Science Foundation Fellowship
1966 - 1969	Woodrow Wilson Foundation Fellowship
1963 - 1966	Philadelphia Board of Education Scholarship

RELEVANT RESEARCH AND PROFESSIONAL EXPERIENCE

<u>March 2006 – Present</u>	Statistical Consultant, McMahon.Med.com, McMahon Publishing Group
<u>September 2005 - Present</u>	Biostatistician and Research Methodologist, Department of Surgery, Kaiser Permanente, Oakland facility
<u>June 2004 – Present</u>	Beta-tester, Statistical Programs for the Social Sciences, SPSS.Inc., Chicago IL
<u>May 2002 – August 2005</u>	Biostatistician and Research Methodologist, Clinical Research Center of the North Bay, Kaiser Permanente, Santa Rosa campus
<u>December 1982– Aug 1992</u>	Research Professor and Evaluation Director, Department of Nursing, Sonoma State University.
<u>July 1996 – April 1997</u>	Statistician, 'Prospective randomized study of crystalloid versus blood cardioplegia in congenital heart surgery', Children's Hospital Oakland.
<u>November 1996 - July 1999</u>	Design and statistical consultant, and Project Manager, 'Stroke outcome Data-base pilot study', American Academy of Neurology.
<u>February - November 1985</u>	Consultant, Medically Indigent Data Base Project, County Health Services Branch, State of California, Department of Health Services
<u>March - June 1984</u>	Neuro-epidemiology consultant, Department of Public Health, City and County of San Francisco, California
<u>November 1979 - Dec 1982</u>	Consultant, Extended Programs in Medical Education, University of California San Francisco
<u>June 1973 - December 1977</u>	Director, Medical Audit Program, University of California Medical Center, San Francisco CA.

INVESTIGATOR EXPERIENCE WITHIN KAISER PERMANENTE

<u>May 2007 – Present</u>	Statistician and Research Methodologist, Surgical Outcomes and Analysis, SCPMG Clinical Analysis. Research using Plan-wide registries and databases targeting the effectiveness and risks of surgical implants and procedures with initial emphasis on orthopedic interventions: total hip and knee replacements
<u>January 2007 – Present</u>	Principal Investigator and Statistician, The Contribution of Microphthalmia Transcription Factor (Mitf) to Prognosis in Thin Malignant Cutaneous Melanoma: Bivariate Analyses. KFRI DCBI funded
<u>October 2006 – Present</u>	Co-Investigator and Programmer, Condition and intervention-specific registries and database. Topics : Radiofrequency Ablation for medically inoperable localized lung cancer ; carotid artery stenting ; hepatic CA ; sarcoma. Kaiser-Oakland Departments of Surgery and Interventional Radiology.
<u>September 2005 - Present</u>	Biostatistician and Research Methodologist, Department of Surgery, Kaiser Permanente, Oakland facility
<u>May 2002 – August 2005</u>	Biostatistician and Research Methodologist, Clinical Research Center of the North Bay, Kaiser Permanente, Santa Rosa campus
<u>November 2005 - Present</u>	Statistician, Influenza burden in the Kaiser Permanente population: incidence of influenza-related severe complications, vaccine efficacy, and missed opportunities for vaccination, California DHS funded
<u>November 2005 - Present</u>	Statistician, Can toddler-age temperament profiles predict later ADHD and Anxiety, KFRI-DCBI funded
<u>January 2005 - Present</u>	Co-Principal Investigator and Statistician, Impact of maintenance of the sleep-wake cycle and circadian rhythm in critically ill patients on outcomes in the Intensive Care Unit: a pilot study, Kaiser Oakland Department of Medicine funded.
<u>September 2004 - Nov 05</u>	Statistician, Preceptor back fill evaluation, Department of Nursing, Kaiser Foundation Hospitals

June 2004 - December 2005 Co-Principal Investigator and Statistician, Treatment of plantar fasciitis with botulinum toxin type A: A controlled pilot study, externally funded

January 2004 - Dec 2005 Co-Principal Investigator and Statistician, Hetastarch (Hextend) and bleeding complications after off-pump coronary bypass surgery, Kaiser Oakland Department of Medicine and KFRI funded

May 2002 - December 2005 Co-Principal Investigator and Statistician, Vagus Nerve Stimulation for Refractory Epilepsy: Clinical effectiveness, costs, and impact on utilization, Cyberonix funded

January 2003 -Dec 2004 Statistician, Efficacy of oral steroids as treatment for sciatica: A randomized clinical trial. KFRI & DCBI funded

January - December 2004 Co-Principal Investigator and Statistician, The Use of Teriparatide (Forteo) in the Treatment of Osteoporosis: Study of Case Selection, Monitoring and Effectiveness, KFRI-DCBI Funded

January - December 2004 The Prevalence of Childhood Trauma In A Headache Clinic, KFRI-DCBI funded

January - December 2004 Botox and Headaches: Retrospective Review of Clinical Outcomes and Cost of Care Following Botox Treatment, KFRI-DCBI funded

January - December 2002 Statistician and methodologist, Effectiveness of Assigned Post-ED Follow-up Appointments in Decreasing Short-term ED Revisits and Hospitalizations, KFRI Funded.

March 1999 - December 2001 Co-Principal Investigator and Statistician, Development of Distributed Centers of Excellence in the Medical Specialties. The Neurology Model: Multiple Sclerosis. Kaiser-Permanente, funded by an unrestricted educational grant from Berlex Laboratories.

January 1999 - December 2001 Co-Investigator and Statistician Mammography screening guideline adherence and utilization of other services. KFRI Grant # 158-9723.

January 1999 - Dec 2001 Investigator and Statistician, Osteoporosis and psychosocial factors, KFRI Grant #158-9788.

January-December 1999 Co-Investigator and Statistician , PAP screening guideline adherence and trauma history, KFRI Grant 158-9733

June 1997 - June 2000 Co-Investigator, Methodologist, and Statistician, 'The Breast Care Center: Innovative Care for the Underserved', University of California Breast Cancer Research Program Grant # 3CB-0047.

January 1997 - December 1999 Co-Investigator and Statistician, >The Association of Fibromyalgia with a History of Physical and Sexual Abuse, KFRI Grant 158-9782.

March 1995 - December 1999 Statistician, 'Precipitating early experiences and post-traumatic stress disorder-like syndromes among prostitutes: An international comparative study'.

November 1996 - July 1999 Design and statistical consultant, and Project Manager, 'Stroke outcome Data-base pilot study', American Academy of Neurology.

July 1997 - July 1998 Co-Investigator, Project Director and Statistician, 'The implementation and evaluation of programs to monitor and improve stroke care.' GENENTECH funded.

January 1997 - December, 1998 Co-Investigator and Statistician, 'Trauma history and patient adherence to screening mammography guidelines', KFRI Grant #131-9732.

October 1995- March 1998 Site data manager, 'Pulmicort Turbuhaler Cost-Effectiveness Study', ASTRA funded.

July 1997 - February 1998 Site data manager, 'A randomized, double-blind, placebo controlled study of Avonex (Interferon Beta-1a) in the treatment of subjects at high risk for the development of Multiple Sclerosis following the first onset of an isolated demyelinating event (Protocol #C95-812)'. BIOGEN funded.

March 1996 -January 1998 Statistician, 'The effects of contrast media in coronary angiography on renal function', KFRI Grant #131-9840.

March 1996 - Dec 1997 Statistician, 'Cervical chlamydia trachomatis and pregnancy: Prevalence and risk factors', KFRI Grant #131-9738.

January 1996 - December 1997 Statistician, 'Physical symptoms, association, and alexithymia in women with a self- reported history of childhood sexual abuse', KFRI Grant #131-9753.

April - December 1997 Statistician, 'Adverse contrast reaction data spontaneously reported to the Food and Drug Administration'.

January 1994 - December 1996 Statistician, and Research Director, 'Potential therapeutic effects of contrast media in hysterosalpingography: A randomized clinical trial', Kaiser Foundation Hospitals Innovation Grant #930-198

January - December 1995 Statistician, 'Urban violence, post-traumatic stress syndrome, and group treatment of trauma survivors with and without a childhood trauma history', KFRI Grant #131-7852

January - December 1994 Statistician, Study 'Physical symptoms, dissociation, and alexithymia in women with a self-reported history of childhood sexual abuse', KFRI funded

September - Dec 1993 Statistician, Study 'Childhood physical abuse and subsequent medical complaints', KFRI Grant #131-9736

June 1991 - Dec 1993 Statistician, Thyroid Suppressive Therapy and Bone Loss study, KFRI #158- 9791.

January 1990 - December 1992 Co-investigator and Project Director, Small Bowel Obstruction Study, Department of Surgery, Kaiser-Permanente Oakland Facility. KFRI Grant #111-9705

SELECTED RECENT PUBLICATIONS

Namba RS, Paxton L, Barkan H, Dee d, Fithian DC, Shah SB (2007) Predictors of total knee arthroplasty deep infections in 23,089 cases. Submitted for presentation, American Academy of Orthopaedic Surgeons, 2008 Annual Meeting, March 5, 2008, San Francisco CA.

Hecht M, Barkan H, Taharka A, Prince W, Loftus J (2006) Hetastarch and Bleeding Complications After Off-Pump Coronary Bypass Surgery: A Randomized, Double-Blinded Clinical Trial, Requested revisions for publication being completed, Chest

Baxter R, Barkan H, Fireman B, Lee J. Effectiveness of Influenza Vaccination in a large Medical Care Organization. To be presented, National Foundation for Infectious Diseases, Tenth Annual Conference on Vaccine Research, May 2, 2007, Baltimore Md.

Holve R, Barkan H (2006) "Oral steroids in initial treatment of acute sciatica.", To be published, Spine

Spring D, Barkan H (2005) Enhanced fertility after diagnostic hysterosalpingography may be a myth. *American Journal of Radiology*, 183: 1728.

Spring D, Barkan H (2005) Enhanced fertility after diagnostic hysterosalpingography: The debate continues. *American Journal of Radiology* 184:347-8

Farley M, Minkoff JR, Barkan H (2001) Breast cancer screening and trauma history. *Women & Health* 34:15-27.

Spring D, Barkan H, Priyin S (2000) Potential therapeutic effects of contrast media in hysterosalpingography: A randomized, prospective clinical trial. *MS. Radiology* 214:53-57.

Parsa CJ, Organ CH, Barkan H (2000) Changing patterns of resident operative experience from 1990 to 1997. *Archives of Surgery*, 135: 570-575.

Backer H, Shope E, Collins SL, Barkan H (1999) Exertional heat illness and hyponatremia in hikers. *American Journal of Emergency Medicine* 17:532-539.

Farley M, Barkan H (1998) Prostitution, violence, and post-traumatic stress disorder. *Women and Health* 27:37-50.

Sharma R, Webster S, Barkan H, Rosenberg J, Ku WPC (1998) Efficacy of cefazolin prophylaxis in preventing wound infection after mastectomy: Findings of a randomized clinical trial. *Complications in Surgery* 17.

Young JN, Choy IO, Silva NK, Obayashi DY, Barkan HE (1997) Antegrade cold blood cardioplegia is not demonstrably advantageous over cold crystalloid cardioplegia in congenital heart surgery. *Journal of Thoracic and Cardiac Surgery* 114:1002-1009.

Farley M, Barkan H (1997) Somatization, dissociation, and tension reduction. *Psychotherapy and Psychosomatics* 66:133-140.

Spring DB, Barkan H, Pruy S (1997) The potential therapeutic effects of contrast media in hysterosalpingography: A randomized, prospective clinical trial. *Proceedings, Uroradiology in Santa Fe '97*, American College of Radiology:17.

Spring D, Bettmann MA, Barkan H (1997) Nonfatal adverse reactions to iodinated contrast media: spontaneous reporting to the Food and Drug Administration, 1978-1994. *Radiology* 204:325-332.

Spring D, Bettmann MA, Barkan H (1997) Deaths related to iodinated contrast media reported spontaneously to the U.S. Food and Drug Administration, 1978-1994: Effect of the availability of low-osmolality contrast media. *Radiology* 204:333-337.

Barkan H, Webster S, Ozeran S (1996) Management of small-bowel obstruction. *American Journal of Surgery*, 171:383-384.

Barkan H, Webster S, Ozeran S (1995) Factors predictive of recurrence of adhesive small bowel obstruction. *American Journal of Surgery*, 170:361-365.

Farley M, Barkan H (1994) PTSD, dissociation and pathological tension-reducing behaviors. *Proceedings, 10th Annual Meeting, International Society for Traumatic Stress Studies*: 70.

Henderson V, Smith RS, Fry WR, Morabito D, Peskin GW, Barkan H, Organ CH (1994) Cardiac injuries: Analysis of an unselected series of 258 cases. *J Trauma* 34:341-348.

Spring DB, Barkan H (1992) Potential therapeutic effect of oil- versus conventional water-soluble contrast media in hysterosalpingography. *Radiology* 285:283.

Cope DN, Cole JR, Hall KM, Barkan H (1991a) Traumatic Brain Injury: Analysis of outcome in a post-acute rehabilitation system. I. General Analysis. *Brain Injury* : 111-125.

Cope DN, Cole JR, Hall KM, Barkan H (1991b) Traumatic Brain Injury: Analysis of outcome in a post-acute rehabilitation system. II. Subanalyses. *Brain Injury* 5:127-139.

Jaros M, Barkan H, Webster S. (1989) Post-traumatic complaints of traumatically brain damaged HMO members. *AAAS Annual Meeting Abstracts*: 204

EXHIBIT B

Page 1

**Summit Medical Center Open Heart Cases
Operative Procedures and Mortality, 2004 and 2005
Procedures Performed by Coyness Ennix, MD and Non-Kaiser Surgeons
Observed vs Predicted Mortality and Other Outcomes**

Howard Barkan, DrPH
6 June, 2005

1. Methods

The following analyses examine open heart surgical procedures performed by Dr. Coyness Ennix during the period from 1 January, 2004 through 30 April, 2005. Data used in these analyses were reconstructed from Summit Medical Center Reports. These reports identify the frequencies of selected open heart surgery procedures, the expected mortality rates for some of these procedures, and patient survival per year, procedure, and physician (with physicians other than Dr. Ennix being identified only in aggregate). This data-set is somewhat limited, but it still allows conduct of certain key analyses. The available data were used to construct exact confidence intervals around each of the time-period and procedure-specific mortality rates. The resulting confidence intervals were then examined to see whether each included the appropriate predicted mortality rate, and to compare outcome rates for equivalent procedures between Dr. Ennix and the other non-Kaiser surgeons.. Comparison of the boundaries of a 95% confidence interval with a single prediction is a form of statistical inference related to more usual tests of statistical significance, but carrying additional information about the stability of the measure. Any measurement for which the confidence interval around the calculated confidence interval excluded the predicted mortality rate was further investigated by conducting a single sample (non-parametric) chi-square test testing the actual survival rate against the predicted value. The Fisher's Exact test, a standard test of statistical significance for comparing measurements of binomials (i.e. variables which can take only one of two values, here survived or expired) between two samples was used to evaluate the statistical significance of procedure and year-specific survival rates between Dr. Ennix and the other non-Kaiser surgeons.

In addition, question had been raised regarding blood and blood product usage. Only aggregate data regarding blood administration were available. These data were aggregated only by surgeon and by year. This aggregation did not link the volume of blood used to the specific procedures leading to its administration. However, it was possible to approximate the expected procedure-specific blood use by examining the surgeon and year-specific frequencies of the great vessel procedures which are likely to entail administration of a substantial volume of blood. The McNemar's Chi Square for repeated measures of binary variables was used to compare the frequencies of great vessel procedures between years for Dr. Ennix and for the other group surgeons.

All analyses were performed using 95% confidence intervals and, in parallel, using a target 'p value' of .05 as the cut point for labeling a result as statistically significant. Note, however, that this technique assumes that only a single analysis is being made

(here comparing the mortality rate of Dr. Ennix's patients with the predicted rates). However the tables below involve 28 such comparisons. A variety of statistical techniques can be used to adjust target significance levels for such multiple comparisons. In the strictest of these techniques, the Bonferroni adjustment, the target p-value is divided by the number of comparisons being made in the analysis of a single data set. Performing the Bonferroni adjustment and treating the entire series reported here as a single dataset, the adjusted target 'p-value' becomes .00186 and the equivalent pre-adjustment confidence interval becomes 99.8%. If each year is treated as a distinct dataset, the Bonferroni adjustment treats a 'p-value' .0125 as equivalent to a single comparison 'p-value' of .05 and a 98.75% confidence interval as equivalent to a 95% confidence interval in a single analysis. In sum, whichever technique is used for adjustment, the equivalent significance level adjusted for multiple comparisons is smaller and hence more difficult to reach and the associated confidence interval is wider. As a result, the predicted mortality would be well within the confidence interval around each of Dr. Ennix's surgical outcome rates, and the probabilities resulting from the single sample (non-parametric) chi-square tests comparing Dr. Ennix's surgical outcome rates with the (risk adjusted) predicted mortality would be even greater (i.e., even further from reaching statistical significance).

2. Findings: Mortality

We calculated exact 95% confidence intervals around the mortality rates for Dr. Ennix and for the other non-Kaiser surgeons overall and for selected procedures for each year beginning 1 January 2004 and ending 30 April 2005 and for the period as a whole. The procedures selected were those for which mortality rate predictions were available. The results are presented in the attached table. The most current period for which reported data are available is 1 January through 30 April, 2005. The single peri-operative fatality reported for this period occurred in a patient who had undergone ACB only. This led to an overall mortality rate of 6.7%, which is below the risk-adjusted predicted 6.9% mortality rate for this procedure in these patients. There were no other fatalities reported during this period for those of Dr. Ennix's patients who underwent cardiovascular procedure. As a result, the mortality rates for isolated valve and for ACB plus valve procedures were both '0', making both hence below the risk-adjusted predicted mortality rates for these patients.

We used exact binomial confidence intervals and the Fisher's exact test to compare the results obtained by Dr. Ennix with the aggregated results obtained by the other non-Kaiser surgeons practicing at Summit Medical Center. The confidence interval around the survival rate for each procedure for each year and for both years 2004 and 2005 to date combined overlapped the confidence interval around the appropriate survival rate aggregated for the above referenced non-Kaiser surgeons. The results of none of the comparisons procedure- and year-specific survival rates reached statistical significance.

3. Summary

There are no statistically significant differences between the procedure-specific and overall operative mortalities for open heart procedures performed by Dr. Ennix and the STS predicted mortality rates for these procedures. There are no statistically significant differences between the procedure-specific and overall operative mortalities for open heart procedures performed by Dr. Ennix and those performed by the other non-Kaiser surgeons practicing at Summit Medical Center whose results were forwarded for analysis. This is the case even using unadjusted confidence intervals and significance tests. The strength of this conclusion would be increased if the analysis had employed one of the adjustments for multiple comparisons discussed above, in Section 1. That is, whichever adjustment technique were used, the confidence intervals around mortality rates for each subgroup of patients for each time period and over all time periods combined would include the predicted mortality rate for that group, and no differences in outcome rates between Dr. Ennix and the other non-Kaiser surgeons reached statistical significance. The mortality rates of Dr. Ennix's patients for all procedures examined have decreased from 2004 to 2005, although the very small numbers of patients who have had some of these procedures performed in 2005 makes the confidence intervals around the mortality rates for 2005 very wide.

5/11/2005

Profile: CT-RETURN TO SURGERY PROFILE

3:41 PM

Provider: ENNIX, COYNES L (Q-1730)

All Facilities

Service: SURGERY Specialty: SURG-CARDIOTHORACIC

Indicator	2002	2003	2004	Jan-Apr 2005	Total
ENC-OHS CASES BY MD	63	116	96	23	298
TOTAL OHS	62	116	95	23	296
CDB-125 Primary CABG Freq/1000 ACA (numerator)	27	45	23	6	101
QM-RETURN TO SURGERY AFTER OHS-Surgery cmmttee	0	0	0	0	0
FOC-RETURN TO SURG AFTER OHS	7	7	5	0	19
TOTAL RETURN TO SURG AFTER OHS(QM&FCE)	7	7	5	0	19
QM-RETURN TO SURGERY AFTER OHS FOR BLEEDING	0	0	0	0	0
FOC-RETURN TO SURG AFTER OHS FOR BLEEDING	4	4	1	0	9
FOC-RTS AFTER OHS FOR BLEED NON CARDIAC	0	0	0	0	0
FOC-RTS AFTER OHS FOR DONOR SITE INFECTION	0	0	0	0	0
FOC-RTS AFTER OHS FOR STERNALE INFECTION	0	1	0	0	1
FOC-RTS AFTER OHS FOR STERNAL DEHISCENCE	0	0	0	0	0
FOC-RTS AFTER OHS FOR OTHER	0	2	1	0	3
FOC-RTS AFTER OHS FOR TECH-GRAFT RELATED	0	0	0	0	0
FOC-RTS AFTER OHS FOR TECH-FOEIGN BODY RETENTION	0	0	0	0	0
FOC-RTS AFTER OHS FOR TECH-VALVE REPAIR PROB	2	0	0	0	2
FOC-RTS AFTER OHS FOR TECH-VALVE REPLACE PROB	0	0	1	0	1
FOC-OPEN CHEST MASSAGE IN CPU (NOT RETURN)	0	0	0	0	0
ENC-OHSTOT BY CT SURGEON	62	116	95	23	296
ENC-EXC/DESTRU OTH HRT LESION (ICD-9 37.33)	1	2	1	0	4

5/11/2005

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[REDACTED]

Profile: CT-RETURN TO SURGERY PROFILE
All Facilities

Indicator	2002	2003	2004	Jan-Apr 2005	Total
ENC-OHS CASES BY MD	1036	1019	1099	322	3476
TOTAL OHS	1037	1019	1100	323	3479
CDB-25-Primary CABG Freq/1000 ACA (numerator)	773	701	707	209	2390
QM-RETURN TO SURGERY AFTER OHS-Surgery cmmtee	1	0	1	0	2
FOC-RETURN TO SURG AFTER OHS	59	53	48	2	162
TOTAL RETURN TO SURG AFTER OHS(QM&FCE)	60	53	49	2	164
QM-RETURN TO SURGERY AFTER OHS FOR BLEEDING	0	0	0	0	0
FOC-RETURN TO SURG AFTER OHS FOR BLEEDING	29	29	29	1	88
FOC-RTS AFTER OHS FOR BLEED NON CARDIAC	2	4	7	0	13
FOC-RTS AFTER OHS FOR DONOR SITE INFECTION	1	1	0	0	2
FOC-RTS AFTER OHS FOR STERNAL INFECTION	11	4	1	0	16
FOC-RTS AFTER OHS FOR STERNAL DEHISCENCE	1	9	0	0	10
FOC-RTS AFTER OHS FOR OTHER	9	7	2	0	18
FOC-RTS AFTER OHS FOR TECH-GRAFT RELATED	0	0	1	0	1
FOC-RTS AFTER OHS FOR TECH-FOREIGN BODY RETENTION	0	0	0	0	0
FOC-RTS AFTER OHS FOR TECH-VALVE REPAIR PROB	2	0	0	0	2
FOC-RTS AFTER OHS FOR TECH-VALVE REPLACE PROB	1	0	2	1	4
FOC-OPEN CHEST MASSAGE IN CPU (NOT RETURN)	1	1	1	0	3
ENC-OHSTOT BY CT SURGEON	1036	1020	1099	322	3477
ENC-EXC/DESTRU OTH HRT LESION (ICD-9 37.33)	8	21	75	20	124

5/11/2005

Profile: CT SURGERY PROFILE BY DC DATE

Provider: ENNIX, COYNES L (Q-1730)

3
4:07 PM

All Facilities

Service: SURGERY Specialty: SURG-CARDIOTHORACIC

Indicator	Bench Mark	Jan-Apr 2005	Total	Service
TOTAL OHS		23	23	322
CDB125 - Primary CABG Freq/1000 ACA (numerator)		6	6	120
TOTAL MORTALITY AFTER OHS		1	1	4
%MORTALITY AFTER OHS (in this hospital)		4.348	4.348	1.242
QM-TOTAL MORTALITY AFTER ISOLATED CABG		1	1	2
%MORTALITY AFTER CABG		5.882	5.882	0.939
FOC-Return to surgery for bleeding/tamponade after OHS		0	0	1
%Return to surgery for bleeding after OHS		0	0	0.31
FOC-Return to surgery for other reason after OHS		0	0	1
%Return to surgery for other reason after OHS		0	0	0.31
ENC-IATROGENIC CVA AFTER OHS		0	0	4
%Acute CVA complication after OHS	2.70%	0	0	1.242
INF-Deep sternal wound infections by DC date		0	0	2
INF-Superficial sternal wound infections by DC date		0	0	1
%Sternal wound infections (all) by DC date		0	0	0.932
INF-Donor site infections after OHS by DC date		0	0	4
%Donor site infections after OHS by DC date		0	0	1.242
INF-Ventilator related pneumonia after OHS by DC date		0	0	10
%Ventilator related pneumonia after OHS		0	0	3.105

2005

Summit Medical Center Open Heart Cases

STS Operative Mortalities: Predicted Risk vs. Observed

Dr. Ennix and Non-Kaiser Surgeons 1/1/1999 - 4/30/05

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	1999					
	n	Deaths	Predicted Mortality	Mortality	95% CI Low	95% CI High
ACB only	24	2		8.3%	1.03%	27.0%
Isolated Valve	17	2	2.7%	11.8%	1.46%	36.4%
ACB + Valve	2	0	9.6%	0.0%	0.00%	77.6%
	0	0	n/a	0.0%	n/a	n/a
Non CE and Non-Kaiser MDs	267	12		4.5%	2.34%	7.7%
ACB only Other MDs	180	8	4.0%	4.4%	1.94%	8.6%
Isolated Valve Other MDs	38	0	3.7%	0.0%	0.00%	7.6%
ACB + Valve Other MDs	17	1	8.1%	9.0%	0.15%	28.7%
Summit total	291	14		4.8%	2.66%	7.9%
	2000					
	n	Deaths	Predicted Mortality	Mortality	95% CI Low	95% CI High
CE	56	4		7.1%	1.98%	17.3%
ACB only	47	1	3.1%	2.1%	0.05%	11.3%
Isolated Valve	4	0	2.2%	0.0%	0.00%	57.2%
ACB + Valve	1	1	29.7%	100.0%	5.00%	100.0%
Non CE	297	8		2.7%	1.17%	5.2%
ACB only Other MDs	217	6	3.7%	2.8%	1.02%	5.9%
Isolated Valve Other MDs	26	1	4.7%	3.0%	0.10%	19.6%
ACB + Valve Other MDs	17	0	8.4%	0.0%	0.00%	16.2%
Summit total	353	12		3.4%	1.77%	5.9%
	2001					
	n	Deaths	Predicted Mortality	Mortality	95% CI Low	95% CI High
CE	51	3		5.9%	1.23%	16.2%
ACB only	39	2	2.8%	5.1%	0.63%	17.3%
Isolated Valve	6	1	4.9%	16.7%	0.42%	64.1%
ACB + Valve	3	0	3.5%	0.0%	0.00%	63.2%
Non CE	238	11		4.6%	2.33%	8.2%
ACB only Other MDs	152	6	4.0%	3.9%	1.46%	8.4%
Isolated Valve Other MDs	39	0	7.3%	0.0%	0.00%	7.4%
ACB + Valve Other MDs	18	2	7.9%	10.5%	1.30%	33.1%
Summit total	289	14		4.8%	2.67%	8.0%
	2002					
	n	Deaths	Predicted Mortality	Mortality	95% CI Low	95% CI High
CE	64	3		4.7%	0.98%	13.1%
ACB only	46	2	2.4%	4.3%	0.53%	14.8%
Isolated Valve	6	0	3.8%	0.0%	0.00%	39.3%
ACB + Valve	1	1	15.5%	100.0%	5.00%	100.0%
Non CE and Non-Kaiser MDs	246	4		1.6%	0.44%	4.1%
ACB only Other MDs	163	3	3.0%	1.8%	0.38%	5.3%
Isolated Valve Other MDs	30	0	6.2%	0.0%	0.00%	9.5%
+ Valve Other MDs	18	0	7.9%	0.0%	0.00%	15.3%
Summit total	310	7		2.3%	0.91%	4.6%

	2003		n Deaths	Predicted Mortality	Mortality	95% CI Low	95% CI High
CE	118	10			8.5%	4.14%	15.0%
ACB only	73	1		3.8%	1.4%	0.03%	7.4%
Isolated Valve	10	2		2.5%	20.0%	2.52%	55.6%
ACB + Valve	13	2		12.2%	15.4%	1.92%	45.4%
Non CE and Non-Kaiser MDs	224	12			5.4%	2.80%	9.2%
ACB only Other MDs	131	6		3.7%	4.6%	0.17%	9.7%
Isolated Valve Other MDs	31	2		4.8%	6.5%	0.79%	21.4%
ACB + Valve Other MDs	11	2		6.9%	18.2%	2.28%	51.8%
Summit total	342	22			6.4%	4.08%	9.6%
	2004		n Deaths	Predicted Mortality	Mortality	95% CI Low	95% CI High
CE	97	9			9.3%	4.30%	16.9%
ACB only	58	4		3.8%	6.9%	1.91%	16.7%
Isolated Valve	15	2		5.0%	13.3%	1.66%	40.5%
ACB + Valve	5	0		12.2%	0.0%	0.00%	45.1%
Non CE and Non-Kaiser MDs	244	10			4.1%	2.00%	7.4%
ACB only Other MDs	127	2		3.1%	1.6%	0.19%	5.6%
Isolated Valve Other MDs	38		*	0.0%	0.00%	0.00%	7.6%
ACB + Valve Other MDs	18		*	5.6%	0.14%	0.00%	27.3%
Summit total	341	19			5.6%	3.40%	8.6%
	2005		n Deaths	Predicted Mortality	Mortality	95% CI Low	95% CI High
CE	21	1			4.8%	0.12%	23.8%
ACB only	15	1		6.9%	6.7%	0.17%	32.0%
Isolated Valve	2	0		2.4%	0.0%	0.00%	77.6%
ACB + Valve	1	0		1.1%	0.0%	0.00%	95.0%
Non CE and Non-Kaiser MDs	75	2			2.7%	0.32%	9.3%
ACB only Other MDs	38	1		3.2%	2.6%	0.07%	13.8%
Isolated Valve Other MDs	7	0		5.2%	0.0%	0.00%	34.8%
ACB + Valve Other MDs	3	0		6.1%	0.0%	0.00%	63.2%
Summit total	96	3			3.1%	0.65%	8.9%

Summit Medical Center Open Heart Cases**STS Operative Mortalities: Predicted Risk vs. Observed****Dr. Ennix and Non-Kaiser Surgeons 1/1/1999 - 4/30/05**

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		1999 through April 2005 total				
		n** Deaths	Predicted Mortality	Mortality	95% CI Low	95% CI High
CE	431	32		7.4%	5.13%	10.3%
ACB only	295	13		4.4%	2.40%	7.4%
Isolated Valve	45	5		11.1%	3.71%	24.1%
ACB + Valve	24	4		16.7%	4.75%	37.4%
Non CE and Non-Kaiser MDs	1591	59		3.8%	2.90%	4.8%
ACB only Other MDs	1008	31		3.1%	2.21%	4.3%
Isolated Valve Other MDs	207	3		1.5%	0.30%	4.2%
ACB + Valve Other MDs	103	6		5.8%	2.17%	12.3%
Summit total	2022	91		4.5%	3.64%	5.5%

* Weighted average of relevant predictions weighted by number of patients to which predictions applied

Summit Medical Center
Open Heart Cases
Operative Mortalities
1/1/04 - 4/30/05

	2004	Cases	Death	Predicted Mort.	95% CI	2005	Cases	Death	Predicted Mort.	95% CI	
CE											
ACB ONLY	87	7	8.0%	4.33%	16.88%	19	1	5.3%	0.12%	23.82%	high
ISOLATED VALVE	58	4	6.9%	2.9%	1.91%	16.73%	15	1	6.7%	6.9%	0.17%
ACB + VALVE	15	2	13.3%	2.6%	1.66%	40.46%	2	0	0.0%	2.4%	0.00%
Non Risk Adjusted Cases:											
Valve + Other	5	0	0.0%	0.00%	45.07%		1	0	0.0%	1.1%	0.00%
Multiple Valve	1	0	0.0%	0.00%	52.71%		1	0	0.0%	0.00%	95.00%
Other Open	2	0	0.0%	0.00%			0	0	0.0%		
Great Vessel	2	1	50.0%	0.00%			0	0	0.0%		
Non CE cases	206	8	3.9%	1.98%	7.41%						
ACB ONLY	127	2	1.6%	2.7%	0.19%	5.57%	57	2	3.5%	0.32%	9.30%
ISOLATED VALVE	38	0	0.0%	4.4%	0.00%	7.58%	38	1	2.6%	3.2%	0.07%
ACB + VALVE	18	1	5.6%	10.7%	0.14%	27.29%	7	0	0.0%	5.2%	0.00%
Non Risk Adjusted Cases:											
Valve + Other	4	0	0.0%	0.00%	52.71%		3	0	0.0%	8.3%	0.00%
Multiple Valve	5	1	20.0%	0.00%			0	0	0.0%		
Other Open	7	2	28.6%	0.00%			5	0	0.0%		
Great Vessel	7	2	28.6%	3.67%	70.96%		2	0	0.0%		
Summit Total	293	15	5.1%	3.39%	8.58%		76	3	3.9%	0.65%	8.86%

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Summit Medical Center
Open Heart Cases
Operative Mortalities
1/1/04 - 4/30/05

1/1/04-4/30/05		Predicted 95% CI		
<u>Cases</u>	<u>Death</u>	<u>Mort.</u>	<u>Mort. low</u>	<u>high</u>
108	8	7.5%	4.14%	15.03%
73	5	6.8%	3.74%	2.26%
17	2	11.8%	2.55%	1.46%
6	0	0.0%	6.34%	0.00%
				39.30%
1	0	0.0%		
2	0	0.0%		
2	1	50.0%		
5	0	0.0%	0.00%	45.07%
263	10	3.8%	1.96%	6.48%
165	3	1.8%	2.86%	0.38%
45	0	0.0%	4.56%	0.00%
21	1	4.8%	10.34%	0.12%
				23.82%
4	0	0.0%		
10	1	10.0%		
9	2	22.2%		
9	3	33.3%	7.49%	70.07%
437	22	5.03	3.18%	7.52%